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Book review of: *Eating Drugs: Psychopharmaceutical Pluralism in India*, Stefan Ecks, New York: New York University Press, 233 pp.

How does a psychiatrist convince his patients to take their psychopharmaceuticals in India? It is telling that, in order to get to this question, Stefan Ecks must take us through a series of chapters on popular healing practices, Ayurveda and homeopathy in his book *Eating Drugs:*

Psychopharmaceutical Pluralism in India. As we learn, healthcare practitioners in India not so much contend as live with medical pluralism, tinkering and adjusting along the way. The fact that biomedical doctors are popularly referred to as allopaths is a testament to the ubiquity of pluralism, as taken-for-granted humoral assumptions sit alongside homeopathic drugs, ayurvedic herbs and biomedical pharmaceuticals.

Stefan Ecks sets himself the task of explaining how it could be that a doctor in West Bengal would describe a psychopharmaceutical as “mind food” or *moner khabar* in Bengali when convincing patients to take them. To answer this puzzle, Ecks ended up speaking to and observing the practices of an impressive array of ayurvedic, homeopathic and allopathic practitioners. For even if the book’s title is *Eating Drugs*, the book is much more about how psychiatric pharmaceuticals have adjusted their way into Bengali daily life through complex entanglements with the other forms of medicine that circulate in India. To study this adjustment, Ecks has interviewed dozens of practitioners from the different forms of medicine he covers.

What Ecks learns from these encounters is that dining, digestion and diets are inextricably bound to the ways in which health and dis-ease are talked about, related to and acted on by West Bengalis. Ayurvedic notions of nourishment inflect into humoral notions of hot and cold which are in turn co-opted into understandings of quick-acting biomedicines. It is little wonder then that psychopharmaceuticals could be described as mind food. Doing so makes such medicines all the more palatable for West Benaglis who are used to nourishing, cleansing or replenishing their bodies when imbalances occur.

One of my favourite passages in the book is when Ecks explains how Ayurvedic practitioners must adjust not only their practices but also their diagnosing to modern forms of urban living. Patients

these days, according to one of his Ayurvedic informants, are “maximum complicated” which in turn calls for eclectic diagnosing with the help of allopathic machines in combination with Ayurvedic touching, seeing and questioning (pp. 90-95). Indeed, the ways in which a toxic and stressed modern life is transforming Bengali bodies and constitutions is a constant theme throughout the book’s chapters. Patients’ struggles to live amidst the urban cacophony and pollution of Calcutta often translate into health troubles and imbalances, and consequently Ayurvedic, homeopathic as well as allopathic treatment must adjust to these modern woes. Indeed, mind food, it seems, is in many ways a remedy for modern malaise.

It is the thoroughness with which Ecks traces the ways in which the consumption of medicines (be they homeopathic, Ayurvedic or allopathic) in West Bengal must be understood through local understandings of digestion and diet that merits great admiration. The scholarly dedication to this task abounds throughout the book. Where the reader is nonetheless left in a sense short-changed is with the promise of a psychopharmacaceutically-centred ethnography. I was left convinced that the book’s argument disarms its subtitle of ‘Psychopharmaceutical Pluralism in India’. For, if psychiatrists and allopaths are themselves loathe to diagnose psychiatrically as a means of protecting their patients from the stigma that mental disease can bring with it, then we might well see this as a case of reverse colonization. That is to say, a colonization of biomedicine by so-called ‘traditional’ conceptions of the body, health and dis-ease. Allopaths are making psychopharmaceuticals palatable by adjusting their explanations to a health vernacular rather than vice versa. In this sense, West Bengali developments stand somewhat in contrast to the argument that individuals are currently being transformed into neurochemical selves and biological citizens (Rose 2006). As Ecks concludes “‘mind food’ is intuitively convincing because it works with, rather than against, older ideas” (p.191).

Eating Drugs is a meticulous account of medical pluralism in India today. Ecks convincingly demonstrates how, in West Bengal, medical problems will necessarily be plural given the sway of humoral, Ayurvedic, homeopathic and allopathic forms of reasoning. Rather than one-sided accounts of medicalization or biomedicalization, we need ethnographies of how particular forms of malaise, drugs and theories come to be entangled.

References

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